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ABSTRACT

This review presents some examples of health education programs in various countries and serves as a reference for a World Health Organization (WHO) working group on health education for schoolchildren and parents. Details are given on health education programs in relation to smoking, alcoholism, and the nonmedical use of drugs. Program aims, approaches, relevance, implementation, feasibility, results (including side-effects), acceptance, and consequences in the long term are described. The countries contributing program descriptions were: Belgium, Netherlands, France, West Germany, Austria, Scotland, England, and Switzerland. Addresses are given for those responsible for the programs in each country. A list of references available from WHO is included as well as a list of publications available from other sources. (JD)

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EURO Reports and Studies
10

Health education: smoking, alcoholism, drugs

Review of selected programmes for schoolchildren and parents

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1. INTRODUCTION

1.1 Purpose

The purpose of the review was to give some examples of health education programmes to serve as reference material for a working group on health education programmes for schoolchildren and parents.

1.2 Background

In resolution WHA27.27, the Twenty-seventh World Health Assembly emphasized "the importance of health education not only in health programmes, but also in programmes of education and related socioeconomic development efforts that affect health".

In resolution WHA27.28, the Assembly deemed it necessary "to explore and promote new approaches for tackling and solving in an appropriate way the problems posed by the health education of mothers, children and young people in order to take care of their health and of their protection against the harmful factors of modern life".

The mental health and health education components of the WHO Regional Office's programme described in the reports of meetings held in Nancy, Cologne, Manchester and Dresden (WHO Regional Office for Europe, 1974, 1976, 1977 and 1979) emphasizes the importance to be attached to health education. Particular attention is paid to the principles, implementation and evaluation of programmes in this field.

It was felt that details of health education programmes in relation to smoking, alcoholism and nonmedical use of drugs, selected on the basis of their aims, approaches, relevance, implementation, feasibility, results (including side-effects), acceptance and consequences in the long term, would be useful for a working group on health education programmes for school-age children and their parents.

1.3 Methods

1.3.1 *Inventory*

In view of the purpose of the review, as described above (1.1), it was decided to make an inventory of special programmes in the WHO European Region.

Because of WHO's structure, the ministries of health were approached for this purpose: they were requested to supply information to enable the Regional Office to identify the principal services and individuals involved in health education.

After receipt of this information, a second more detailed request was sent to the services or individuals named, asking for details of the various programmes and activities.

When these detailed replies had been received, the services or individuals were sent a special questionnaire formulated individually for each programme or activity. Finally, when these had been completed and returned, it was possible to make a comparative review and assessment of the programmes.

In the light of this review it was decided whether or not a personal visit should be made to the services or individuals in order to obtain further information.

1.3.2 *Selection of programmes and activities*

After reviewing about 50 health education programmes for school-age children and their parents on smoking, alcoholism and nonmedical use of drugs, which had been inventoried in 28 countries of the Region that supplied information, 12 were selected on the basis of the evaluation criteria mentioned above (1.2). However, for most of the programmes and activities that had been planned and implemented, it proved impossible to give a satisfactory reply in respect of all the criteria. It also became clear that the cultural, political and philosophical differences between countries were often the reason for the development of specific features of the programmes and activities.

If lessons are to be drawn from these examples of health education programmes, it is essential to consider them in relation to the populations for which they are designed.

Consequently, as background for each programme selected, an indication is given of the overall situation of health education in the country, insofar as it could be determined from the material and replies received and from personal interviews.

1.3.3 *Comments on the procedure*

In some cases respondents felt that the subject heading used in the initial letter of contact, "Health education programmes in mental health", did not apply to health education programmes in the fields of smoking, alcoholism and drugs, and consequently the response was negative.

In several countries the health ministry is not responsible for health education and hence requests for information sent through this channel only were not answered.

After the programmes and activities had been selected in the light of replies, it was considered necessary to arrange personal interviews with the services and individuals concerned, in order to confirm the data received by post. It had then to be decided whether or not to send advance information of the questions to be discussed, in preparation for the interviews.

Attendance at international meetings on health education, held before the implementation of the study, was very helpful in drawing up the inventory.

2. SELECTED PROGRAMMES

2.1 "Tobacco and health", Belgium

2.1.1 *Responsible body*

The programme is under the responsibility of the Belgian Red Cross in collaboration with the Ministry of Public Health and Family Welfare and the Ministry of Education.

Address: Croix-Rouge de Belgique
Service d'Education sanitaire
Chaussée de Vleurgat 98
1050 – Brussels

2.1.2 *Aim*

The aim of the programme is to motivate school-age children, especially those of 10–18 years, not to start smoking or, if they have, to give it up.

2.1.3 *Approaches*

(*a*) Following a survey on smoking among the young and an evaluation of the short- and long-term impact of a televised programme on smoking, it was decided to organize an antismoking campaign that would be repeated for several years in all primary and secondary schools.

(*b*) The technique consisted of sending all the schools some information material considered effective in encouraging those aged 10–18 either not to start or to stop smoking, and to give each teacher the opportunity of using this material in class.

(*c*) At the same time it is planned to launch a national antismoking campaign to be directed by the National Antismoking Coordination Committee. It includes the broadcasting of a series of programmes in conjunction with schools and general information programmes of the national radio and television services, as well as the distribution of posters and brochures throughout the country.

(*d*) It is not proposed to make an evaluation in schools because of the difficulty of distinguishing between the impact of the school programme and that of parallel activities outside (mass media, posters, etc.) and also because there are no control schools

However, a global evaluation of the activities is planned for the next few years, through surveys repeated each year among a sample of young people aged 18–20 – especially those entering military service.

2.1.4 *Relevance of content*

One of the principles adopted for the information in schools is that it should be given in a broad context of the promotion of health, especially health of the respiratory system and its importance for a healthy life.

For the 10–15 age group the material comprises:

- a scientific pamphlet for teachers;
- an instruction booklet for primary school teachers;
- an instruction booklet for middle school teachers;
- a pamphlet for primary school children (fifth and sixth years);
- a pamphlet for secondary school children (first level).

The scientific pamphlet for teachers and an information pamphlet for pupils will be provided for instruction of the 15–18 age group.

The 26-page scientific pamphlet ("*Respirer pour vivre*") describes the anatomical and physiological features of the respiratory system, harmful components of atmospheric pollution and the effects on the bronchial system and lungs, and "indicts" the smoking habit. Adverse correlations between smoking and respiratory disease are shown in tabular and graphic form. Smoking is not singled out for blame, in order to diffuse the attack on smoking within a perspective of overall respiratory health.

Finally, the pamphlet describes a model programme on how to "stop smoking in one week".

The instruction booklet for primary school teachers explains the reasons for the antismoking programme and appeals to the sense of responsibility of those who should set an example. Some practical suggestions are made about teaching techniques and a suitable approach for discussing the problem in the normal curriculum, in order to help teachers apply the information in their regular instruction.

The pamphlet for children of 10 years contains simple illustrations describing the respiratory physiology and anatomy, with emphasis on features of atmospheric pollution including smoking. The children are encouraged to make observations in the home and their immediate environment,

enabling them to appreciate the scope of the problem. Multiple-choice questions, crosswords, diagrams for comment, pasting competitions and simple arithmetical problems offer dynamic learning possibilities for the children, with intensive participation and involvement.

2.1.5 *Implementation and feasibility*

(*a*) Design and production of the pamphlets, booklets and posters is the responsibility of educational and typographical specialists on the one hand and physicians who have worked with the Red Cross health education service on the other. Although such cooperation has proved fruitful, it has been only intermittent and hence there may not be sufficient continuity for evaluation and any necessary adaptation of the programme.

(*b*) The implementation of the school programme is the responsibility of local school authorities. Although the Ministry of Education issues instructions encouraging school authorities and teachers to participate in the work, each establishment has complete independence with regard to acceptance or rejection of the programme. Although it is feasible, the programme is not being launched in many schools owing to lack of motivation on the part of the authorities and teachers.

(*c*) The school programme is conducted by the Red Cross health education service and supported by the National Antismoking Coordination Committee.

The organizers of the school programme believe that a measure focused solely on children could provoke conflicting reactions between schools and parents. Hence there is a need to provide information to the general public simultaneously. Mass media should be used for this purpose.

2.1.6 *Results, resistance, consequences*

At present it is not possible to state the results of the school programme. A survey should be undertaken both on the acceptance of the programme by school authorities and teachers and their use of the information supplied, and on the assessment of the programme by the young. There is undoubtedly resistance among teachers who have not been sufficiently or properly consulted; moreover they have not been trained in health education and may consequently refuse to cooperate.

2.1.7 *Conclusions*

It is recognized that the Red Cross school programme is well planned and sound in both content and form.

However, in view of the difficulty of introducing it in schools, it must be decided whether to continue trying to give health education on individual subjects (smoking, alcoholism or drug abuse) or whether it should be a comprehensive unit of instruction.

The handbook on individual responsibility for health ("*Vivre en personne responsable de sa santé*"), issued to teachers who received instruction on health education during their training, could be introduced for use in all courses and by all teachers.

This approach is currently envisaged by the Ministry of Education. In conjunction with the Ministry of Health and Family Welfare, a committee is being established which will prepare a health education programme to be introduced in all schools.

2.1.8 *Health education in Belgium*

It was only in the 1970s that the central authorities considered it necessary to take measures in this field. In 1972 the Ministry of Health established a scientific health education advisory committee within the Belgian Red Cross, which was charged with coordinating activities in schools.

The Ministry of Health also established an Information and Public Relations Service, responsible for health education in the area of preventive medicine.

Bodies such as the National Children's Organization, the Mutual Insurance Funds for Sickness and Disability, the Scientific Association of General Physicians and the Professional Organization of Pharmacists also regard health education as being within their field of responsibility.

The Ministries of Education and French Culture recently undertook the publication of a pamphlet on the drug problem ("*La drogue en Belgique*").

The lack of real coordination, the limited availability of funds for programmes – which moreover are used exclusively for the production ofpamphlets and posters – and the absence of an evaluation of any of the programmes are the features of health education in Belgium that are most criticized.

2.2 "Information on drugs", Netherlands

2.2.1 *Responsible body*

The body responsible for the programme is the Department of Health Education of the Public Health Service of the city of Rotterdam.

Address: Gemeentlijke Geneeskundige- en Gezondheidsdienst
Afdeling gezondheidsvoorlichting en -opvoeding
Schiedamsedijk 95
Postbus 70.032
Rotterdam, Netherlands

2.2.2 *Aim*

The aim of this programme was to give secondary school pupils in Rotterdam information that would persuade them to adopt a favourable attitude towards prevention of the abuse of drugs and to acquire behaviour opposed to their use. This involved methodological and experimental research on the impact of health education in relation to drugs.

2.2.3 *Approaches*

(*a*) The programme was established in 1971 for research on the impact of different health education methods on the drug behaviour, attitudes and knowledge of young people of 14–16.

(*b*) Three approaches were used after preliminary testing:

- the "warning" approach;
- the "factual" approach;
- the "individual and personal" approach.

The warning approach consisted of alerting individuals to the danger of experimenting with drugs and especially of using them regularly.

The factual approach consisted of giving information, both objective and as comprehensive as possible, on drugs and the reasons why they are used; however, it was left up to the pupils to draw conclusions.

The individual and personal approach was based on the principle that the causes or reasons for drug abuse must be studied and understood by pupils for effective prevention.

As the causes of drug abuse are generally linked to the problems of adolescents in society, the third approach focused on such problems. The technique consisted of creating in schools an environment that allowed the young to speak freely about their problems, to discuss the problems among themselves and with teachers, to see that their difficulties were relative and, above all, to realize that through their own resources and with the help of a support group, an answer could be found to their uncertainties and anxiety.

Clearly the first two approaches of a traditional nature were relatively easy to apply: they required little time and a minimum of professional skill. But for the third approach, which was dynamic, considerable skill and qualified teachers were necessary. Also, this group method called for educational activities lasting several weeks; the teacher, who was the guide rather than the leader of the group, had to be available throughout this period – even at all times.

(c) Evaluation of each approach was attempted in the three spheres of knowledge, attitudes and behaviour, using a detailed questionnaire which enabled the collection of data on each pupil in respect of the social level of the family, behaviour in relation to drugs, alcohol and smoking, reasons for any abuse, social involvement, attitudes to drugs, drug users and society in general, and perception of different forms of social control, and also factual knowledge of drugs and their effects, legislation, etc.

2.2.4 *Relevance of content*

The information provided through the first two approaches is wholly adequate. The content of the programme was considered sound and useful in increasing knowledge of drugs and their effects on man.

It is harder to appraise the content of the third approach, since it was not decided in advance but shaped by individual contributions within the discussion groups. Also, what mattered was not the content of the programme, but above all, the valuable interaction of group members and the teacher-guide.

2.2.5 *Implementation and feasibility*

There did not appear to be any problems of implementation and feasibility in respect of the first two approaches. However, the third required a large number of teachers with special training in group dynamics and discussion techniques.

This evidently called for organization, the mobilization of qualified staff and appreciable financial support. It was also necessary to motivate the teachers to use highly unconventional teaching methods – a situation that often provokes serious resistance.

Problems were certainly encountered in everyday application of the individual and personal approach.

2.2.6 *Results, resistance, consequences*

None of the three approaches was successful in preventing abuse of drugs, although each appreciably increased specific knowledge about them; at the same time an increase in erroneous information was noted.

Moreover some young people were encouraged to experiment with drugs, particularly in the case of the first two approaches. It was difficult to assess changes in the attitudes of the groups influenced by the programme and activities. The personal and individual approach seemed to bring stronger social involvement, suggesting that the behavioural impact was greater and more favourable for mental health.

Resistance to implementation of the programme was attributed to the fact that the teaching methods generally used in health education – especially group dynamics – are not always accepted in traditional teaching circles today.

An important consequence of the appraisal of the results and experience in implementing the programme was a decision by the Rotterdam authorities to take the conclusions of the analytical report into account in planning all health education activities in this field, particularly the conclusion that the provision of information on its own may simply arouse curiosity and a desire to experiment with a given drug.

2.2.7 *Conclusions*

The programme of information on drugs, conducted in Rotterdam secondary schools, may be regarded as a model of operational research in mental health education. The form and content of the programme as well as the methods and evaluation techniques were well conceived and adapted to the target group.

Nevertheless -- and this is also the opinion of the programme organizers – the results suggest the conclusion that it is preferable in dealing with non-medical use of drugs to give the instruction as part of a general health education programme, rather than tackling the subject in an individual manner, whether explicitly or indirectly.

The focusing of a health education programme on an isolated, specific health problem, can conflict with the concept of overall health, which is a physical, mental and social entity. The present-day concept of health and disease is much broader than that traditionally accepted: the "medico-somatic" model is gradually giving way to a "psychosocial" one. Health education should take account of this phenomenon and, when directed to school-age children, should form part of the general education. Consequently, during their methodological or further training, all teachers should receive adequate instruction in health education. Also, because of the social context of the health-disease concept, the community to which the school belongs should be involved in all health education activities. One of the programme organizers in Rotterdam took the view that simultaneous, parallel activities should be organized in schools on the one hand, and among all the "extension" facilities of the community concerned on the other. Hence voluntary organizations, whether social, political or cultural, have an important role to play.

2.3 "Information on drugs and alcohol", Netherlands

2.3.1 *Responsible body*

The body responsible for the programme is the Overijssels Mental Health Centre.

Address: Overijssels Centrum voor de Geestelijke Gezondheidszorg
Schouwburgplein 4
Almelo, Netherlands

2.3.2 *Aim*

There are two related programmes, one for teachers and the other for pupils aged 12–18.

The aim of the programme for teachers is to assist them in discussing problems of drugs and their abuse with pupils so as to prevent drug use at school. The aim of the programme for pupils is to encourage the young to make a responsible choice regarding the use of alcohol, cigarettes, tranquillizers, sleeping pills and illicit drugs. Moreover this activity was planned as a pilot project to be followed by large-scale measures against drugs.

2.3.3 *Approaches*

(*a*) *Programme for teachers*

The programme involved 3–4 consecutive days of instruction and group work, for groups of 15 persons.

Four focal points of interest were defined:

- to increase knowledge of drugs through detailed information;
- to give an understanding of controversial aspects of drug use, both sociological and ideological;
- to get teachers to express their experiences, views, prejudices and reactions regarding the drug problem;
- to identify possible reactions to adolescents who use drugs, and to study the consequences of each reaction.

An evaluation was carried out at the end of the programme.

(*b*) *Programme for pupils*

Being a pilot activity, the programme was implemented in 11 classes. It was planned by participants in the programme for teachers and by the Overijssels Mental Health Centre, while actual implementation was entrusted to teachers.

An evaluation was planned with regard to the group educational psychology and to individual impact.

2.3.4 *Relevance of content*

The programme for teachers, with about 250 participants, certainly helped to increase knowledge of drugs and their effects, thereby meeting the general expectations of the participants.

The study of personal experience with young drug users was considered less relevant.

The programme for pupils, aimed primarily at encouraging the young to consider and solve drug problems, lacked relevance precisely because it was concerned with drugs: in the schools where the programme was carried out the problem of illicit drugs was so unimportant that they were not a very suitable subject for group discussion on the factors underlying their abuse.

2.3.5 *Implementation and feasibility*

Provided that the educational authorities are agreeable, it seems that the two programmes could be developed with adequate cooperation by teachers and pupils; however, it may be asked whether the investment in time and money on the programme for teachers is really justified. Also, as the teaching methods (working groups and group discussions) either do not or only slightly correspond to the traditional concepts of the environment where the programme was introduced, implementation inevitably caused disturbances, a situation which could lead to the failure of a project of this kind in highly traditional schools.

2.3.6 *Results, resistance, consequences*

(*a*) *Programme for teachers*

Apart from the positive results of the acquisition of knowledge by teachers, and the experience of studying a problem in a working group on three consecutive days, there appears to have been little impact in preventing drug abuse. This seems understandable, as a problem of alcohol and illicit drugs did not really exist.

Nevertheless, it may be supposed that, should the occasion arise, the teachers who participated in the programme will be able to tackle the drug and other mental health problems with more understanding, and hence be in a better position for effective assistance and prevention. The experience also showed that it was important for at least two teachers in each school to attend the course.

(*b*) *Programme for pupils*

As the pupils did not appreciate the importance of the drug problem, the aim was not always achieved. It was somewhat difficult to get them to participate in studying the underlying psychosocial causes of the problem, or to consider the question of the choice of responsible health behaviour.

The evaluation carried out among the pupils suggested that drugs was not an appropriate subject for the programme, which focused on individual responsibility. The subject of smoking may have been more applicable.

The confrontation of two teaching/learning methods provoked sharp resistance. It seems that the method of group discussions was still too unfamiliar and even disturbing in the traditional schools, especially as there is heated controversy on this question. Acceptance of this method for health education was regarded as tantamount to acceptance of a new form of education; the programme was not acceptable to the opponents of educational change.

It was decided not to continue the programme as such, but to incorporate it in an integrated health education programme.

2.3.7 *Conclusions*

The experience of the Overijssels programme corresponds to that in Rotterdam (2.2); in particular:

(*a*) much caution is required when implementing in a school a programme against drugs and alcohol, focused exclusively on these problems;

(*b*) there is a need to design and promote a teaching methodology for integrated and systematic transmission of all health education messages, as part of the regular instruction;

(*c*) the aim of health education must, above all, be to inculcate responsible health behaviour. It must not be based on an isolated, specific programme of information on a particular factor or behaviour considered harmful to health; it must be part of a broad educational approach covering all factors that can endanger health, with full account taken of the social determinants of the attitudes and behaviour of the individual.

2.3.8 *Health education in the Netherlands*

A Committee on the National Plan for Health Education under the Ministry of Public Health and Environmental Protection was established in 1976, with the aim of coordinating and supporting regional and local educational projects.

Also established on the initiative of the Ministry of Education and Science are a Committee on Curriculum Modernization and an Advisory Committee on Health Science within Primary Education. It was expected that sustained, effective cooperation would develop between the two committees and the responsible departments of the two Ministries.

This does not appear to be proceeding smoothly.

Mention should also be made of important health education centres operating in several towns, generally under the local authorities.

2.4 "National antismoking programme", France

2.4.1 *Responsible body*

The body responsible for the programme is the French Health Education Committee (CFES).

Address: Comité français d'Education pour la Santé (CFES)
9, rue Newton
75116 – Paris, France

2.4.2 *Aim*

The aim of the programme is to reduce tobacco consumption in the population as a whole.

2.4.3 *Approaches*

Although the programme was planned as a national activity directed to the entire population, with radio, television and press coverage, and support from posters and slogans distributed throughout the country, parents and children were the target group.

Two initial campaigns were directed to the population as a whole:

- the first, November – December 1976, for large-scale sensitization to the problem of smoking;
- the second, September – October 1977, to encourage respect for nonsmokers.

The second phase of the programme, aimed at preventing smoking among the young, started in June 1978 with a third major national campaign, directed to certain schools.

During the 1976 – 1977 interval between the first two campaigns, i.e., for practical purposes throughout 1977, repeated activities of short duration were also carried out. In 1977, CFES noted that the measures could not be regarded as ephemeral and that, to be truly effective, they should be conducted on a long-term basis.

The programme organizers considered that any activity for information on smoking should be supported by the national political authorities. Thus decrees on prohibition of smoking in schools, hospitals, public transport, etc., were adopted by the French Parliament or issued by the responsible authorities.

The theme of smoking, like all the themes of national health education campaigns, was chosen by a strict procedure as follows:

- Regional and departmental health education committees are consulted as well as nongovernmental associations involved in health education.
- Sociological studies are carried out by CFES and various research bodies, regarding the present level of the public's knowledge about major health themes.
- The final decision concerning the theme is taken by a "board" of representatives of the Ministry of Health and Family Welfare and the social security bodies that finance the campaigns.

A precise technique is also used for actual preparation of the campaign.

The nature and the information to be offered and the form of presentation are determined by motivation studies. A group of about 50 young people and adults is studied for this purpose. Each person is questioned for one hour. All useful and relevant information is noted. During nondirective discussions, the interviewee is invited to speak freely on the subject proposed to him. The same procedure is applied to a second group of people: new and original ideas are noted. In a third or fourth phase, the investigators observe that the questioning is not providing any more useful information. From this type of study it is possible to determine the conscious and unconscious motivations which underly the decisions, attitudes and behaviour of individuals and groups.

The national campaigns in 1976 and 1977 were evaluated by the Opinion Research Centre (CEO) of the National Broadcasting Service, and the survey organization SOFRES which questioned samples of adults, adolescents, the young and pregnant women about their knowledge, attitudes and behaviour with regard to smoking.

Analysis of the figures for sales of tobacco during and after the programme was also of value in determining its impact.

2.4.4 *Relevance of content*

One feature of the programme was the extensive use made of mass media: television, radio, posters and brochures, as shown in the following table.

Nine televised messages were broadcast on channels TF1 and Antenne 2; each message, briefly illustrating a particular theme, was scheduled at the peak listening hours allocated for advertising. The target was 40 million people; the population reached was estimated at 37 million and the number of contacts at 700 000 million. Themes included: smoking and pollution; the rights of nonsmokers; the nonsmoker; the child that smokes by imitation; children in a smoke-filled environment; the pregnant woman.

The radio programmes were broadcast on 5 channels. In all 330 broadcasts were made to a target population of 40 million, with an estimated coverage of 31 million people, representing 290 million contacts.

Media used	Television	Radio	Large posters in towns	Brochures and small posters
Type and number of messages	9 messages of 20 seconds	18 messages of 20 seconds	large posters	small posters and brochures
Level	87 broadcasts	330 broadcasts	100 locations	200 000 small posters, 2 million brochures
Extension	2 channels	5 channels	wall posters in Paris	schools, the army, pharmacies, town halls, youth centres, post offices and other telecommunication centres

The number of poster contacts was estimated at 41 million.

During the campaigns of CFES, the regional and departmental health education committees and many associations organized activities on the theme of smoking, including the following:

- *competition*: a competition launched by CFES on the theme "How to stop smoking" attracted 2000 entries by listeners and 20 received prizes. Many schools took advantage of the campaigns to organize competitions for posters or slogans on smoking and its effects.
- *display*: a travelling display was mounted by CFES at the Salon de l'Enfance, the Foire de Paris and the Ministry of Health and Family Welfare, and was then moved to the regional and departmental centres.
- *lectures and discussions*: the campaigns provided an opportunity for discussions which were widely publicized by the national and regional press.

Several issues and supplements of "*La santé de l'homme*", a specialized bi-monthly publication on health education mainly for teachers, educators and medicosocial workers, have been devoted to the problem of smoking.

The general press has given wide coverage to the campaigns, and about 2500 articles have been published on smoking since 1975. Finally, university research studies, including several medical theses, have been devoted to the topic.

Clearly, the content and presentation of this programme, using such extensive and important resources and techniques, may be regarded as sound. However, there are now increasing reservations about the concept that changes in the level of information, which are effected by the mass media, will produce positive behavioural changes in the shorter or longer term.

2.4.5 *Implementation and feasibility*

(*a*) The administrative structure of CFES, its functioning and budget have allowed implementation of the programme without undue difficulty.

(*b*) The activities have been supported by parallel legislative measures directed to publicity and by the individual and public intervention of several political and scientific figures.

(*c*) With regard to schools, during the nationwide activities, the Ministry of Education distributed information material to teachers and pupils, and issued a circular requesting their active cooperation.

2.4.6 *Results, resistance, consequences*

(*a*) The public's interest and receptiveness have been assessed by opinion surveys. The CEO survey was conducted among a sample of 450 television spectators aged 15 or more. The SOFRES surveys were conducted immediately after the campaigns among 2 samples of 1000 people aged 18 or more, and 300 aged 10–17.

It was found that 88% of adults surveyed and 75% of the young aged 10–17 had heard of the campaign; among these:

- 90% of adults and the young had seen the televised messages,
- 69% of adults and 55% of the young had heard the radio messages,
- 55% of adults and 60% of the young had seen the posters or brochures.

(*b*) The 2 surveys carried out by SOFRES before and after the campaigns showed variations in knowledge, opinions, attitudes and behaviour following the campaigns.

It is noted that:

- after the campaigns 51% of French people aged over 18 set the upper limit for dangerous consumption of cigarettes at less than half a packet per day, compared with 56% before the antismoking activities;
- the percentage of young people who became aware of the dangers of smoking increased from 33% to 40% during the campaign;
- the percentage of persons who considered smokers to be "weak" increased during the campaign by 5% among adult smokers, 7% among adult nonsmokers, 2% among young smokers and 14% among young nonsmokers;

- the percentage of people reporting that they smoked decreased slightly from 44% to 41%; 15% of adults reported reducing their consumption of tobacco;
- 16% of young people aged 10–17 reported reducing their consumption of tobacco.

(*c*) The trend in sales of tobacco products showed a reduction of 1.9% in 1976 compared with 1975, the annual increase for the previous 10 years being 5%.

(*d*) It is not possible to assess the effect of the 1976–1977 programme on children in a school environment, nor the impact among teachers, as the programme was not directed to schools; however, an evaluation in schools will be carried out after the third campaign now in progress, which is aimed at this target.

2.4.7 *Conclusions*

The government priority given to national mass media campaigns focused on a particular theme and directed to the general public, although considered significant and even appropriate to some extent in the case of smoking, is not regarded as sufficient or adequate for long-term health education.

The results of surveys carried out before and immediately after the campaigns do not seem particularly convincing as regards cost-effectiveness (investment in the 1976 campaign was estimated at 2.5 million French francs).

It was felt that in the light of this first assessment and after many tentative activities, modern health education should be undertaken using a flexible approach and applying two strategies focused on:

- changes in the minimum level of knowledge;
- attitudes and behaviour.

The prevailing idea at CFES is that the creation of a body of professional health educators and the training of extension workers would have a more lasting impact on health problems in the long run. These professional educators and extension workers would include primarily all those whose work brings them in direct contact with "consumers" and high-risk target groups, especially young people in schools.

As part of a curriculum reform, the Ministry of Education plans to give major impetus to health education by introducing a philosophy of healthy living as a responsible individual, within the general education, and by developing teaching methods for a global approach to the study of health problems.

2.4.8 *Health education in France*

A private national health education association has been in existence for about 50 years. In 1965, this association, the French Health and Social Education Committee, was closely linked to the health ministry, from which it received part of its funds, the rest being provided by various social security bodies.

In 1971, the Committee was renamed as the French Health Education Committee. In 1975, the Minister, as recommended by the Seventh Plan (1975–1980), gave high priority to prevention and health education within the national health policy. The Committee then became the instrument for the provision of health education. Its structures and budget were adapted to the new situation (budgets of 1 million francs in 1975 and 17 million francs in 1978).

Apart from the implementation of large-scale national campaigns, the Committee is responsible for national organization and coordination of all health education activities.

The Committee can call on the services of research bodies, institutes or teachers competent in health education, such as the National School of Public Health.

The Committee is supported in its work by about 50 regional and departmental health education committees. The regional health education committees, which group together most individuals and authorities concerned with health education at this level, ensure the coordination of activities throughout the country, through their structural links with the national body.

The principal feature of health education activities in France today is the priority given to national campaigns on specific themes. As in the case of the antismoking campaigns, organization is entrusted to the Committee. The activities are aimed at motivating as many people as possible through the mass media, and they are diffused by the regional and departmental health education committees in various forms; meetings, lectures, displays, etc. When the young are the target group, the Ministry of Education supports the national campaigns in schools by issuing circulars, brochures and other educational material for teachers and pupils.

2.5 "Higher Committee for Research and Information on Alcoholism", France

2.5.1 *Responsible body*

The body responsible for the programme is the Higher Committee for Research and Information on Alcoholism under the Prime Minister:

Address: Haute Comité d'Etude et d'Information sur l'Alcoolisme
27, rue Oudinot
75007 – Paris, France

2.5.2 *Aim*

The aim of the programme is to sensitize the young to the problems of alcoholism.

2.5.3 *Approaches*

(*a*) The programme is directed to the high-risk target group of young people of 12–18 – not only those at school but also school-leavers and military conscripts.

(*b*) It is believed that the most effective means of sensitizing the young to the problems of alcoholism with a view to halting alcohol abuse is to utilize organizers and extension workers trained in courses and seminars. The Ministry of Education made the following statement in a circular to local directors of education in 1976: "the Higher Committee for Research and Information on Alcoholism, wishing to intensify and extend its educational work among schoolchildren in all regions, in close liaison with the staff of the schools, organizes several national courses for educational counsellors and senior counsellors each year. These information and encounter sessions provide an opportunity to study activities for sensitizing the young to the problems of alcohol consumption or abuse".

In a special circular, the Minister of Education stressed the need for participants to communicate to their colleagues the content of exchanges of views which take place during the training, so as to ensure optimum effectiveness.

The training was carried out in 22 out of the 26 local education authorities and was due to take place in the remaining ones (on the Mediterranean coast) towards the end of 1978.

Youth movements and youth centres have undertaken to organize training courses with financial support from the Higher Committee.

The Higher Committee has prepared information and teaching material on alcoholism for teachers at all schools in the country. The Ministry of Education is making it compulsory to conduct activities against alcohol in schools each year.

A national competition for young people of 14–18 (an essay on alcohol and the quality of life, organized by senior teachers each year) has been discontinued as the participants did not belong to a high-risk group.

(*c*) The results of the training and the work of the educators are evaluated by each government department (education, defence, sports, youth) in official reports. A survey to assess the impact of measures against alcohol on public opinion, by means of questionnaires distributed to head teachers, pupils in the fourth year of secondary education and parents, was conducted by the Nancy Regional Health Education Committee in 1975.

2.5.4 *Relevance of content*

The material supplied to teachers by the Higher Committee includes:

(*a*) several highly technical and detailed information papers on such topics as:

- legal code on establishments for the sale of alcohol,
- cost of alcoholism,
- alcoholism at work,
- road accidents,
- economic questions,
- mortality and morbidity,
- causes of alcoholism.

(*b*) brochures, leaflets, posters and films specifically for the young;

(*c*) a publication intended particularly for use in vocational and technical training ("*L'alcool et ses dangers*");

(*d*) a useful multidisciplinary publication, distributed in all schools for use by pupils in the final years of study (aged 15–20) and intended to provide background data to support the activities of teachers and educators of adolescents.

A national course for educational counsellors and senior counsellors was held from 6 to 8 January 1977; it took the form of 3 days of intensive study and was attended by staff from many schools. The programme included information sessions with well-researched presentations, a review of practical research in schools, the projection of films and a day of continuous study of different aspects of the theme in small groups.

During these group activities, educational attitudes were defined and a plan of work formulated. Points discussed included the following:

- Young people choose to ignore problems of alcoholism as being of no concern to them. What attitudes should be adopted to persuade them that they are mistaken? What situations should be created to make them gradually aware that these problems concern them now?
- How can young people be helped to appraise, on their own, the different data on alcoholism, using material that is supplied or collected? How can they be helped to inform themselves?
- What means could you use in your area to promote meetings with other counsellors or educators, so as to increase the possibilities for action among pupils?

Particular note was taken of certain conclusions reached in the course:

- Alcoholism is only one of the problems of the young. Secondary school pupils do not eat properly, sleep too little, smoke and drink too much, etc.
- To help adolescents and give them objective health information, a dialogue must be started with them rather than imposing taboos, silence, etc.
- It is important to establish a relationship with young people; thus what matters is the attitude of adults towards them.
- The training of a young child requires collaboration by parents, educationalists, psychologists, counsellors, social workers, physicians, nurses and records staff.
- The school must have an educational project, and the teachers must establish a policy and find ways and means of implementing it.

The activities required to combat alcoholism are as follows:

- involving adolescents in their own training – a goal that can be best achieved through work in small groups;
- making use of institutional meetings, which bring together parents, teachers and pupils;
- organizing hygiene, health and press clubs where pupils can gain self-knowledge and develop their ability to recognize health problems including alcoholism, sex and drugs;
- sensitizing the authorities, local directors of education, head teachers, etc.;
- making effective use of all relevant information material, and enabling the young to appreciate the real world through various contacts: juvenile court judges, psychiatric hospitals, the police, centres for young offenders, etc.

Many different means made available to teachers for control of alcoholism seem substantial, and the content of the programme is of definite value. Training of school health educators is undoubtedly the key feature of this large-scale programme in France.

2.5.5 *Implementation and feasibility*

In a circular of 17 March 1977, the Ministry of Education made a strong recommendation for the establishment of clubs for schoolchildren, as well as

clubs concerned with health and the quality of life. Some local education authorities have systematically organized such facilities where young people can go, and views can be exchanged on many topics including alcohol, smoking, drugs and sex.

Numerous activities have been undertaken by pupils with the help of their teachers and in coordination with the medicosocial service: poster campaigns, sensitization campaigns in towns, surveys, displays, collection of material, discussions, etc.

To be effective, such activities must be carried out using a variety of methods and they must be adapted to local conditions and needs. This is a matter of human ecology.

2.5.6 *Results, resistance, consequences*

It is not possible at present to give the results of the few activities which have been carried out. Major resistance is anticipated: unwillingness of teachers and refusal to perform voluntary activities, owing to deterioration of the material conditions of the profession; lack of time or absence of school health staff; lack of interest of parents or their nonacceptance at school by pupils. The discussion and experience concerning the programme and activities seem to prompt similar conclusions to those in respect of the national antismoking programme (2.4.2).

2.6 "Drugs", Federal Republic of Germany

2.6.1 *Responsible body*

The body responsible for the programme is the Federal Centre for Health Education on behalf of the Federal Ministry for Youth, Family Affairs and Health.

Address: Bundeszentrale für gesundheitliche Aufklärung
Ostmerheimerstrasse 200
5 Cologne – Merheim, Federal Republic of Germany

2.6.2 *Aim*

The aim of the programme is to improve communication and interpersonal relationships (child/parents; pupil/educator) among young people of 10 – 15 so as to enable them to approach the drug problem in a constructive way and solve it on their own.

2.6.3 *Approaches*

(*a*) Following a number of sociological, psychological and educational studies and investigations on the attitudes and behaviour of the young to the

drug problem, the programme organizers took the view that although the factors conducive to drug abuse are of course socioeconomic, the decisive factor is the inadequacy of communication and interpersonal relationships among high-risk subjects.

The programme seeks to determine the causes and origins of the inadequate communication and relational deficiencies. The specific aim is to show the influence and importance of the child/parents relationship, the effect of socialization and the considerable possibilities for prevention in dealing with such conflicts.

(*b*) The teacher's guide and handbook for each unit of instruction in the programme includes the following material, for each school year:

- a questionnaire for pupils;
- a statement of specific educational objectives for teachers,
- a programme for 5–9 hours of instruction, including details of the topic, the objective, the teaching methods and the audiovisual aids;
- details of the evaluation procedure.

(*c*) As the acquisition of more factual knowledge does not necessarily improve a person's behaviour, it is very difficult to evaluate the results of drug control programmes; above all, this is a matter of assessing changes in individual behaviour.

The organizers were able to draw favourable conclusions from surveys conducted before and after introduction of the programme in pilot schools.

2.6.4 *Relevance of content*

A study of the relevance of the programme content in relation to the aim and approaches gave very satisfactory results.

The programme provides objective information on the substances concerned (tobacco, alcohol and illicit drugs) and enables the young to appreciate through their own efforts (reading, discussion, role-playing, interviews, toxicological and chemical experiments, etc.) the underlying causes and harmful consequences of drug abuse. Much emphasis is attached to presenting drugs as an overall problem, so that the young can appreciate the relative priority and importance of the specific problems posed by certain of these substances.

The objective of lesson no. 7 for pupils in the fifth school year, for instance, is as follows: "Pupils should be able to distinguish and discuss any justifiable use of alcohol".

Each lesson is structured in the same way: topic, general objective, specific objectives, means and methods. The plan of the instruction is

described and explained phase by phase. Each lesson ends with an evaluation test. Review of topics studied in previous years, while each time considering a new aspect fully in keeping with the intellectual and emotional level of the target group, is a highly effective procedure.

2.6.5 *Implementation and feasibility*

Health education on drug abuse was considered a priority in view of the growth of the problem among the young after 1968.

Emphasis shifted from the provision of somewhat unrefined information through the mass media to more comprehensive and, at the same time, more individual instruction within the general education.

It has been suggested (UNESCO, 1975) that personal contacts could be established by *Vertrauenslehrer*, teacher-educators working in schools in a position of confidence and able to speak on behalf of the pupils and other teachers. It is planned to give these teacher-educators special training, enabling them to promote and coordinate programmes and activities in schools and function as counsellors for pupils. Health education and information on drugs are provided outside schools by several medicosocial centres under the coordination of the German Anti-addiction Centre. Efforts are also made at regional level by several other organizations: state institutes for health education, state anti-addiction centres, state institutes for teacher training, state political education centres.

The feasibility of the programme and activities is ensured by the linking of all these initiatives and by coordination made possible by the central, strategic position of the Federal Centre.

2.6.6 *Results, resistance, consequences*

(*a*) Although the results of evaluation of the pilot projects were considered favourable, it was felt that the progress should be consolidated by conducting a further information campaign among parents, viewed both as potential users of drugs and as educators of children.

The campaign was planned by a multidisciplinary team of psychologists, educationalists, sociologists and specialists in information and publicity. Material (brochures, booklets, posters) was widely distributed.

A 34-page brochure ("*Alltagsdrogen und Rauchmittel*") was produced with the aim of making parents aware that alcohol, tobacco and medicaments are drugs in the same way as those called "illicit": injudicious consumption of such substances provides no solution to the problems underlying their use. The brochure also gives information enabling those concerned to obtain preventive or curative assistance.

(*b*) Some resistance to implementation of part of the programme was anticipated because of the isolated position of the teacher-educators in

the schools. They are sometimes regarded as "outsiders" creating a situation which can hinder communication with pupils and other teachers.

2.6.7 *Conclusions*

(*a*) Health education programmes for the school-age group have received considerable support from most of the organizations and institutes in this field. Up to now the programmes on drug abuse, smoking and alcoholism have had priority.

However, the organization of programmes focused on a single problem and aimed nonselectively at an entire population of the young no longer seems appropriate to the needs. Evaluation studies have shown that it would be preferable to reach the target group through a single, broader programme focused on health education as a whole, i.e., on the behaviour of a person conscious of his health.

It is in this perspective that the Federal Centre plans to develop a new health education curriculum for primary and secondary schools. Basic research studies and teaching/learning guidelines have been developed for the primary education component.

The programme is not envisaged in terms of once-only instruction: the activities will be repeated. It must be possible to include the instruction in several different courses at the schools. The programme will be so structured that the content can be transmitted to pupils by teachers, and it will therefore be an educational "model". Nevertheless, the teachers will have full leeway to adapt the programme to specific circumstances; what matters is that its content and form will be such as to motivate them to adopt attitudes favouring its introduction.

(*b*) Clearly, the final result will depend primarily on the teachers themselves, and their training must therefore include instruction in health education (principles, methods, techniques).

(*c*) Recent evaluations of some standard programmes have drawn attention to the growing importance of the attitudes of the family, parents, and the microsociety of the young to whom the programmes are directed. Consequently, along with the introduction of school health education curricula, appropriate activities should be promoted among adults so that society as a whole supports the efforts of the schools in motivating the young to be aware and accept the responsibility of their health.

2.6.8 *Health education in the Federal Republic of Germany*

Responsibility at central level is exercised by the Federal Centre for Health Education, Cologne, which is under the authority of the Federal Ministry for Youth, Family Affairs and Health.

Several private institutions are also active at central level. They are grouped in a Federal Association for Health Education serving 30 million people in the country. This government-subsidized body has its own information service and regularly distributes health education material.

Mention must also be made of institutions with functions in one field only, such as the German Anti-addiction Centre, which undertakes health education as well as research and prevention in relation to drugs.

At regional level the state governments are responsible for health education and the state ministries of education, labour, social affairs, etc., are charged with taking action in this field. Most of these ministries also have a health education adviser. To ensure coordination of health education programmes and activities between the states and the Federal Centre, a group representing health education leaders, state government authorities, state organizations and the Federal Centre meets twice a year.

At state level, school health education is the responsibility of ministries of education and senators for education.

Provision is made for health education in the curricula for primary, secondary, technical and vocational education.

The priorities for health education established in the states correspond to those of the Federal Centre, although specific programmes may be introduced depending on regional needs.

Principles of health education for children aged 3–6 were published after testing their validity and the suitability of material based on them. Handbooks, class exercises and other teaching material were supplied to each school after approval by the ministries and senators responsible for education.

This material, distributed to each school in one copy, is in the form of a comprehensive kit for the teacher, who selects the components that he wishes to introduce in class.

2.7 "Alcohol and alcoholism", Austria

2.7.1 *Responsible body*

The body responsible for the programme is the Association for Youth Education against Drugs.

Address: Bund für Suchtgiftfreie Jugenderziehung
Währinger Strasse 188–190, Stg 1/2
A.1180 – Vienna, Austria

2.7.2 *Aim*

The aim of the programme is to motivate the young to choose to live as responsible individuals conscious of their health, by encouraging active personal learning.

2.7.3 *Approaches*

(*a*) For several decades, the Federal Ministry for Education and the Arts has required schools to devote one week a year to activities against alcoholism.

The Association for Youth Education against Drugs is doubtful about the effectiveness of activities that take place only once a year. It also believes that a programme focused on a single theme is not particularly appropriate.

For this reason the Association has decided to increase the impact of the traditional one-week event by supplying a set of study documents which make up a handbook on alcoholism for teachers and pupils.

The programme has a teaching/learning orientation. It is divided into several subprogrammes, each of which deals with a problem of alcoholism using an approach in keeping with the regular school curricula and suitable for the different age groups.

(*b*) The result of initial evaluations among teachers and pupils were encouraging. It is planned that the study documents, prepared under the auspices of the Association by a team of educationalists, psychologists, teachers, physicians and specialists in the natural sciences, should serve as background material for school health education on other topics such as smoking and drugs.

2.7.4 *Relevance of content*

The programme is carried out using 19 study documents, including 2 for teachers. Each document deals with a problem or aspect of alcohol or alcoholism. They contain technical and scientific information, practical exercises on the problems to be solved, adventure stories which arouse the curiosity and interest of young readers, and descriptions of games relating to the topic.

The information on alcohol and alcoholism in the documents is linked with components of the regular secondary school curriculum, i.e., physics, chemistry, biology. For instance, the topic of document no. 3, on physical capacity in relation to alcohol, is introduced by a physics problem: computation of the effort made by a person lifting a weight. The data show the performance of a person before and after consuming alcohol and sugar respectively. By comparing figures they have worked out for themselves, the pupils are able to conclude that alcohol does not give strength – quite the contrary.

Document no. 6, on alcohol and road accidents, invites the reader to compute the minimum distance a driver needs to stop in front of an obstacle before and after alcohol consumption, allowing for changes in the time of nervous reaction.

To help solve this problem, the teacher must explain the physiology of the nervous system as well as its anatomy and morphology.

The pupils enter the results of the exercises and problems in tables and diagrams, enabling the teacher to give them the relevant instruction, always with reference to the problem of alcohol.

The set of study documents should enable the pupil, while acquiring or using traditional knowledge, to absorb information and ideas relating to alcoholism.

It is clear on reading the study documents that the approach is sound; it is attractive for pupils and allows teachers to use the documents in the regular curricula.

As yet, no evaluation of the method has been undertaken.

2.7.5 *Implementation and feasibility*

The study documents are produced by a multidisciplinary team of voluntary collaborators under the auspices of the Association for Youth Education against Drugs. The documents are produced very simply and the cost is reasonable. They have the advantage that they can be supplied to each pupil. About 1.5 million copies have been distributed so far.

The Ministry of Education and the Arts has approved the introduction of the programme in the regular school curricula.

From the information available, it may be concluded that once the programme has been fully developed, it could be implemented in most schools without undue difficulty. However, although instructions on how to use the study documents are available from the Ministry, it is not certain that all schools will request or make appropriate use of them.

2.7.6 *Results, resistance, consequences*

As the programme was introduced in the 1977–1978 school year, it is not yet possible to state any results in terms of a possible modification of the attitudes and behaviour of young people towards alcohol.

No real resistance has developed among teachers or pupils.

The organizers nevertheless regret that health education in schools is not sufficiently supported outside the school system by coordinated action with the other bodies concerned.

One favourable consequence of the introduction of the programme is a decision to use the study documents as a teaching/learning model and to simplify the content in order to cover other health problems such as smoking and drugs.

2.7.7 *Conclusions*

The integration of the programme in the regular curricula and the low cost of the production and distribution of the material, are two highly

favourable factors for achievement of the objectives set. In view of the feasibility of the programme and the initial evaluation results, this approach has good prospects of success.

It is nevertheless regrettable that the programme does not provide for active and systematic participation by the community outside the school system (parent groups, youth associations, etc.).

2.7.8 *Health education in Austria*

Health education in Austria is carried out by several government and private institutions.

The Austrian Federal Institute of Health has a health care study group which promotes health education by distributing brochures and posters to the public and in schools.

The Federal Ministry of Health and Environmental Protection has distributed several brochures, booklets, posters and information bulletins for different target and high-risk groups, including teachers and pupils. Each year, in conjunction with the Ministry of Education and the Arts, it organizes an anti-alcohol week.

The medical service of the Ministry of Education and the Arts distributes in schools – through its own staff, or staff of other institutes or specialized groups – a variety of posters, brochures, booklets and information bulletins on preventive medical topics (smoking, alcohol, drugs). Through circulars issued to all schools, the Ministry calls on teachers to use this material in their instruction.

In the private sector, the Austrian Association for Public Health (ÖAV) is very active. The activities of the Society include distributing to teachers, free of charge, four information bulletins per year on problems of health and prevention.

The Association for Youth Education against Drugs produces and issues handbooks used in schools for activities against alcoholism, smoking and drug abuse.

The Austrian Youth Red Cross distributes posters and leaflets for the young throughout the country.

2.8 "Alcoholism", United Kingdom (Scotland)

2.8.1 *Responsible body*

The body responsible for the programme is the Scottish Health Education Unit (SHEU).

Address: 21 Landsdowne Crescent
Edinburgh EH12 5EH
Scotland

2.8.2 *Aim*

The general aim of the programme is to alert people to the gravity of the problem of alcoholism in all sections of society and all age groups.

The specific aim is to warn the young about the dangers of alcoholism, to encourage them not to consume alcohol before adulthood and then, should the occasion arise, to consume it in an intelligent and socially acceptable way.

2.8.3 *Approaches*

As alcohol consumption occurs in all sections of society in Scotland, the programme is oriented to the population as a whole, although a high-risk group of 13 – 18 years has been identified.

In order to reach as many people as possible, priority is given to the provision of information through the mass media (television, national and regional press).

To make prevention or rehabilitation more personal, it is planned to establish a network of qualified educators throughout the country, with the function of supporting, strengthening and applying the mass media programme. The network will be manned by staff of the Scottish Health Service.

The content and form of the programme and activities were developed on the basis of health education research and evaluations undertaken for this purpose.

2.8.4 *Relevance of content*

The programme has five components:

- mass media information activities,
- supporting activities using posters, booklets, leaflets and brochures,
- trigger films,
- training courses and seminars for educators,
- research and evaluation.

(*a*) *Information through television and the national and regional press*

The aim of the activities and messages is to show that effective help is available and that "cures" are possible. The primary aim is to encourage people to seek help early.

The commercial television channels and the press present the experiences of people who have been able to overcome their dependence on alcohol. They tell about the circumstances and problems in their lives underlying the harmful behaviour and its consequences and explain how they were able to overcome them.

Addresses of regional institutions and organizations which can be consulted are given.

(*b*) *Posters, booklets, leaflets and brochures*

This material is produced and distributed by SHEU.

In the light of research conducted on alcoholism in Scotland, the brochures and leaflets are adapted to the requirements of the target and high-risk groups: teachers and professional educators on the one hand, and parents and the young on the other.

The brochure *Drinking and your child* introduces the problem and explains how parents may "initiate" their children in the habit of alcoholism. The warning signs of the start of alcohol abuse in the young are explained, and ways are proposed whereby parents, working with their child, can limit the danger and solve the underlying problem, listening to him, discussing the problem openly, and helping him to recover his equilibrium and recognize his responsibility and potential. The important role of the family, friends and immediate environment in preventing alcoholism in the young is highlighted. Specialized assistance by psychiatrists, psychologists, etc., is regarded as the last resort.

The booklet *Understanding alcohol and alcoholism in Scotland* gives an unsensational account of the grave problem of alcoholism in Scotland, with supporting figures and statistics. The symbolism and social context of the act of drinking are explained. A clear distinction, made between the use of alcohol and alcohol abuse and dependence, leads to a first important conclusion, namely that alcohol abuse is an aspect of customary behaviour which develops in and draws its support from the social environment. The phenomenon of group cohesion, which is a factor in the development of this behaviour, is explained.

The catalytic effect of personal problems is discussed, but not as a major cause.

The physical, psychological and social consequences of alcoholism are indicted. An important factor is that alcoholics do not have the image of being outsiders, maladjusted or criminal, but rather men or women in the immediate environment who are expected to experience difficulties. A serious warning is given to women and young people whose attitudes and behaviour are troublesome under the effect of alcohol.

Because parents have an exclusive role, the authors of the booklet believe that primary prevention really takes place within the family: for instance, giving a child false values in respect of alcohol may cause him to use or abuse this substance. That is the second important conclusion.

Secondary prevention takes place in the immediate environment, i.e., at school, among friends, in the microsociety of the young. The influence of this environment may be favourable, but it can also be harmful.

For tertiary prevention, there are organizations and centres for reception and treatment of the intoxicated.

The booklet invites everyone to cooperate in regional and local projects against alcohol, using the information and facilities made available by SHEU and area health services.

The leaflet *Drinking and young people* is based on research carried out by SHEU in the 6–10 and 10–17 age groups.

The content is linked to 3 films on alcoholism among the young, and is suitable for the group discussion envisaged by the films and the leaflet.

(*c*) *Trigger films*

In the light of research on the attitudes and behaviour of children and adolescents, SHEU has prepared a series of 3 films for the 13–16 age group and for health staff. The films are designed to stimulate searching and intensive discussion on the use and abuse of alcohol among the viewers.

For those showing the films and participating teachers, the leaflet *Drinking and young people* provides data to facilitate discussion with adolescents.

Scenes from the films are reproduced in the posters, brochures and booklets. Thus, whenever one is seen, it brings to mind the discussion which followed the projection of the film, generally with a resulting reinforcement of the motivation against drinking.

(*d*) *Training courses and seminars for educators*

These activities were considered necessary to meet the demand for individual help anticipated as a consequence of the mass media information.

The Scottish Council on Alcoholism, the Department of Extramural Studies and Adult Education of Glasgow University and other bodies, in conjunction with SHEU, organized a two-phase course for about 20 counsellors and educators. The Second Scottish School on Alcoholism, organized by the Scottish Council together with SHEU and other bodies, also provided training on health education in respect of alcoholism to a number of physicians, medical assistants, teachers, members of trade unions and political groups, and others.

(*e*) *Research and evaluation*

The content, form and implementation of the programme depend to a large extent on the results of scientific research, particularly on the behaviour and attitudes of the young in relation to alcoholism.

The programme is evaluated by the Medical Research Council's Unit for Epidemiological Studies in Psychiatry at the University of Edinburgh.

2.8.5 *Implementation and feasibility*

The activities described were undertaken in 1977 and 1978.

Favourable factors for the feasibility and implementation of the programme included the structure of SHEU, the sizable staff of the central office, the permanent network of health education units within the area health services under the responsibility of SHEU, and the formal and informal links with most institutions, both official (such as the Scottish Education Department) and nonofficial (such as all the voluntary associations).

Development of the activities in schools seems to depend to a large extent on the initiative and motivation of those in charge. Ultimately it is they who decide to accept a programme or not to take responsibility for it, and to use or not to use the skills of the health staff with special training on the subject.

As the programme was not designed to be applied in schools as such, the lack of activities within establishments cannot be attributed to a shortcoming of the educational concept.

2.8.6 *Results, resistance, consequences*

Specific quantified results are not yet available. Nevertheless the "information" impact is already quite marked among the general public.

Except in the commercial sector, the programme does not appear to be encountering any real resistance.

As a consequence not so much of the programme as such as of conclusions arising from the initial evaluations and recent thinking about the place of health education in regular school curricula, SHEU and the Scottish Education Department are considering the introduction of comprehensive health education in traditional primary and secondary education.

2.8.7 *Conclusions*

The most striking feature of health education in Scotland is the structure of the Health Education Centre (HEC) and its two functional units: SHEU and the Scottish Council for Health Education (SCHE). As HEC is part of the Scottish Health Service, it has an infrastructure enabling it to undertake activities at national and area level. This explains the strategy of SHEU: activities for information and motivation through the mass media, supported by posters, brochures and booklets for target and high-risk groups, strengthened by the national and regional press and personalized by counsellors and educators including health staff, teachers and voluntary workers of several bodies. Seminars, courses and practical instruction sessions provide training of specialists and continuing education.

Evaluation of the programme and activities enables remedial measures to be taken, the content and form to be adapted, the target groups to be identified and the priorities to be revised.

With regard to school health education, SHEU is aware of the shortcomings of the traditional approach.

As the Scottish Education Department, through its curriculum advisory committee, has decided to include health education in the existing regular curricula, suitable courses will be proposed. In the opinion of SHEU, however, such education should in fact be included in a revised school curriculum.

2.8.8 *Health education in Scotland*

Within the framework of the Scottish Health Service, health education is provided at national level by the Health Education Centre and its two functional units: SHEU and SCHE. The Common Services Agency of the Scottish Health Service has been responsible for health education since 1968.

The objectives of these services include identification of sensitive areas requiring attention, setting of priorities, development of national health education programmes jointly with other interested bodies, support of authorities and bodies responsible for projects in this field, and promotion of scientific research and studies on health education as well as activities to stimulate the interest of medical and other health staff in health education during their training.

Many scientific associations and bodies involved in health education (in a broad sense) are associated with SHEU.

Contacts with the Scottish Education Department are maintained at central level within the Health Education Centre's steering committee and at regional level through area health officers.

Under the structure of the Scottish Health Service, the area health authorities can – and should – cooperate with local schools, organizations, groups of pupils and parents, school health services, etc., in determining health education needs, giving advice and contributing to activities and programmes undertaken in the area and in schools.

SHEU can thus coordinate or at least propose the coordination of most health education activities undertaken in the country.

SHEU recently gave considerable attention to the question of the evaluation of health education programmes, whether implemented or planned. The authorities consider that the major investment needed for health education is justifiable only if it is certain that the programmes and activities will be effective. Within the total budget for education and publicity, 10% is allocated for evaluation and 15% for research and development of manpower. At present SHEU has a staff of about 10. It is planned – and this has been partially achieved – to establish area health education teams and officers.

A fair proportion of the budget allocation is used for subsidizing university departments of health education, or for assigning health education specialists to high[illegible]evel establishments.

2.9 "Living well", United Kingdom (England)

2.9.1 *Responsible body*

The body responsible for the programme is the Health Education Council.
Address: University of Cambridge
Faculty of Education
Hughes Hall
Cambridge CB1 2EW, United Kingdom

2.9.2 *Aim*

The programme was developed under the auspices of the Health Education Council, in association with the Schools Council, by a team at the Cambridge Faculty of Education, headed by Peter McPhail.

The task entrusted to the team was as follows:

(*a*) to define, in the light of research on the needs of the 8–16 age group, the concepts of "health" and "health education" for the purpose of the programme;

(*b*) to conduct research on the manner in which the young evolve a lifestyle and on their health behaviour;

(*c*) from the research findings, to identify the behavioural motivations of children and adolescents, i.e., to show what stimulates them to or discourages them from action;

(*d*) to use the research findings in developing materials for school health education and devising suitable techniques for teachers;

(*e*) to upgrade logistic support and the responsibilities of teachers in the field of health education, conducting research on the needs of teachers for this purpose.

The programme is aimed at encouraging the young to lead a healthy life by helping them to approach the challenges, complexities, difficulties and uncertainties of daily existence in a positive way, and to cope with them.

2.9.3 *Approaches*

The educational concept underlying the programme was developed from the conclusions of a survey of the health behaviour of 500 boys and girls.

Uncertainty and anxiety were seen as essential factors in the behaviour of the subjects towards themselves and those around them with regard to health and disease.

As the notion of "disease-health" is shaped by daily experience, both of ourselves and those around us, it is unrealistic to attempt to create appropriate behaviour through brief experience or even health education sessions. To be successful, such education must be "radical" i.e., be based on experience of our existing situation in its entirety. Health education should therefore be a part of a continuing education process and be relevant at all times in learning about life and conducting our daily activities.

The programme organizers believe that school health education can be used:

- to stimulate understanding of the young about what we do to and for other people;
- to offer the young the means to strengthen their confidence in their ability to make choices and to lead happier and better lives.

2.9.4 *Relevance of content*

Looking at health education in a broad perspective, the organizers consider that the young will certainly ask themselves, as well as their educators and counsellors, about problems which go beyond the somewhat limited scope of what are recognized or accepted as health education topics today.

In the view of the organizers, the young believe that "learning to live with one's neighbour" and "relating to others" should have priority in learning, i.e., when, as a result of experience, boys and girls come to the conclusion that positive, constructive and mutually supportive interpersonal relationships are essential for health, they will question any activity or lifestyle not in line with these processes regarded as favourable for health, and consequently will seek appropriate remedies.

Clearly this concept of health education embraces far more than activities against smoking or alcohol. It is a concept of the complete education of a responsible human being, whereby the child, through teaching and experience, is enabled to assume the necessary responsibility particularly in matters of health.

The educational technique consists of introducing the young, individually or in small groups, to everyday situations which are of significance or direct concern to them.

The situations were chosen on the basis of the survey of boys and girls mentioned above.

The material consists of drawings or photographs of appropriate situations, with a caption indicating the problem. An explanation is also provided.

The young, individually or in a group, are asked to find answers to certain questions, to make a decision, to give reasons for the decision, and possibly to act out a situation. The group work is in itself an educational activity, reflecting an aspect of everyday life.

The teacher serves more as a counsellor for the group, providing material and information to enable the group members to solve the problems.

The material includes a handbook, *Living well*, and 5 sets of 35 situation-cards with teacher's instructions for each set.

A detailed plan has been drawn up for evaluation of this new approach to health education, and several pilot schools have been chosen.

It is still too early to make a final assessment of the programme on the basis of sound criteria.

2.9.5 *Implementation and feasibility*

Although the programme proposed to teachers since 1977 was tested successfully in several pilot centres, it has not so far been implemented on a sufficiently wide scale to assess its implementation and feasibility.

Clearly, application of the programme in schools depends on the initiative and motivation of the institutions and teachers. As it was designed specifically for schools by a multidisciplinary team including teachers, and its principles, methods and strategies are based on sound research, there is a good chance that its implementation will not pose undue difficulties and that it will prove applicable in most schools.

The fact that the structure of the National Health Service provides for area health education teams and officers will certainly be a positive factor.

2.9.6 *Results, resistance, consequences*

Although favourable evaluation studies have been conducted in several schools, it is not possible to make a formal appraisal of the results, resistance and consequences of this programme which the organizers regard as a major educational undertaking of the Health Education Council.

2.9.7 *Conclusions*

See section 2.10.6, page 42.

2.9.8 *Health education in the United Kingdom (England)*

(*a*) As one of the aims of the 1973 reorganization of the National Health Service was regionalization, provision was made for area health authorities with clearly defined responsibilities, including health education. An area health education officer is attached to each authority.

Area health authorities are required to cooperate with educational establishments generally and all schools in the area in respect of any health education programme or activity. The authorities can provide the heads of establishments and programme organizers with educational material (posters, booklets, brochures, leaflets) and audiovisual aids, as well as experts.

The authorities are also responsible for support of all research on target and high-risk groups in the area, as well as research to determine needs and methods in the field of health education.

The instructions stipulate that the authorities are responsible for health education as part of their preventive activities. The functions include active collaboration with teachers on school health education, whether in a given programme or a course on the subject, or within the regular curriculum. The authorities are also expected to organize seminars, courses, and practical training on health education for teachers, educators and others with responsibilities in this field.

(*b*) In 1968 the Health Education Council (HEC) was established in pursuance of the Cohen committee report on this subject.

HEC is an independent government institution responsible for the planning and promotion of health education in England, Wales and Northern Ireland. It works closely with the Department of Health and Social Security, the Department of Education and Science and the Schools Council.

The functions of HEC can be summarized as follows:

- to give guidance based on relevant data and observations, regarding health education priorities;
- to plan and implement national, regional and local campaigns in co-operation with area health authorities;
- to produce and supply to interested persons and organizations, including area health authorities, the necessary audiovisual material for national, regional and local health education campaigns;
- to organize or stimulate research and evaluation surveys on health education for guidance and adaptation of HEC's campaigns and activities;
- to develop its potential as a national, technical and information centre for health education, serving area health authorities and other interested bodies;
- to coordinate health education activities with the National Health Service and area health authorities, as well as those responsible for education and training, wherever such coordination seems desirable;
- to stimulate training in health education; to advise and guide institutions on the content and organization of health education, courses and seminars;

- to cooperate with local training institutions, as well as local authorities responsible for health education in schools, colleges and technical institutions;
- through publications, to make available to all those concerned in health education any information that might be of interest to them.

As regards regular and further training in health education for teachers and educators, a number of centres have been planned which will produce health education specialists at national level to complement the local courses and seminars organized by HEC and area health authorities. The resources at national level include the activities of the Teachers' Advisory Council on Alcohol and Drug Education (Manchester) and the course for the Polytechnic Diploma in Health Education (Leeds).

2.10 "Schools Council Project: Health Education", United Kingdom (England)

2.10.1 *Responsible body*

The body responsible for the project is the Schools Council.
Address: 160 Great Portland Street
London W1N 6LL, United Kingdom

Publisher: Thomas Nelson & Sons Ltd.
Lincoln Way
Windmill Road
Sunbury-on-Thames, Middx TW16 7HP

Distributor: Vaughan Johnson
24 Harold Road
Clacton-on-Sea, Essex CO15 6AJ

2.10.2 *Aim*

The aim of the project is as follows:

(*a*) to develop a set of instructional resources (handbook and material) for the provision of health education within the regular curriculum throughout the period of school attendance.

(*b*) using these resources to encourage the young to approach constructively and cope with the challenges, complexities, difficulties and uncertainties of everyday life, and, as individuals conscious of their responsibilities, to take rational decisions concerning their health behaviour.

2.10.3 *Approaches*

The justification for health education, as conceived by the programme organizers lies in the radical transformation of the "health-disease" picture over the last 50 years. In European society at large, it is no longer the infectious diseases which threaten health; it is man himself who, by his behaviour in the circumstances of modern life, can become a danger to health. It is up to him to decide whether or not to opt for a desirable behaviour. The organizers believe that such a decision stems from a slow, gradual process of socialization, in which education plays a crucial role.

The design and content of the project are the result of lengthy preparatory work involving numerous consultations and meetings with health specialists including physicians, health organizations, government bodies and area authorities, as well as a thorough review of the national and international experience in this field.

Agreement on the content of the health education was fairly easy to reach; however, there were few precise, practical ideas with regard to teaching methods.

As the aim was to develop a guide for teachers, the principles and content of the health education had to be "translated" in the form of a handbook tailored to the existing educational situation. For this purpose the organizers submitted draft material to 4 groups of teachers who studied it and tested it for a whole year (1974). These activities led to the development of the 2 programmes *All about me* and *Think well*, as well as suitable teaching material.

In 1975 the 2 programmes were tested at several schools in different parts of the country, and revised in accordance with the findings before final distribution.

2.10.4 *Relevance of content*

The first programme, *All about me*, is for children of 5–8 and the second, *Think well*, is for those of 9–13.

(*a*) *All about me*

This programme, distributed in March 1977, includes a teacher's handbook and a series of "spirit masters" – or practical exercises.

The teacher's handbook contains 160 pages and is copiously illustrated. The introduction sets out the justification, principles and methods of health education, and gives an interpretation of the teaching concept.

The main part of the book contains suggestions and ideas for teachers on practical activities.

The 16 spirit masters are detailed exercises which develop some of the ideas and suggestions in the handbook and highlight the feasibility of the programme for teachers and pupils.

The text is divided into 7 chapters in a logical sequence as follows:

Finding out about myself. This chapter, intended for the very young, deals with "exploration" of the human body, the sense organs, the "psychological self", feelings and emotions.

How did I begin? This chapter deals with reproduction and birth, giving ideas and suggestions on how to convey to pupils ideas which are appropriate for their age group.

What is growing? Growth is not considered solely from the physical standpoint; prime importance is attached to the development of intellectual potential and the increasing responsibility of the child in school and the home.

What helps me grow? The factors considered to be in first place are affection, kindness and love; nutrition, physical exercise, sleep, etc., come afterwards.

Looking after myself. The conventional topics of physical hygiene are covered in this chapter, but matters such as disease, drugs and smoking are also treated. The importance of taking sound decisions on health matters is clearly demonstrated.

Keeping safe. Safety in the school, home and street is the problem dealt with in this chapter.

Knowing about others. This chapter shows that the discovery of those around us, knowing our friends, family and immediate environment involves an understanding of the concepts of belonging, sharing, helping, being responsible as well as knowing and accepting rules and regulations.

(*b*) *Think well*

This programme, distributed in May 1977, includes a teacher's handbook, spirit masters for pupils and a set of materials for group work.

The teacher's handbook comprises 8 units, each dealing with a health topic whose relevance for pupils was ascertained by preliminary surveys among the young and discussions with teachers.

These units are not unrelated; they form an educational entity focused on 2 main topics (which are also the specific topics of 2 of the 8 units), *I myself* and *One of many*.

The unit *I myself* shows the importance for a child of understanding himself, understanding his emotions and recognizing the differences and analogies between them and him. The book gives an outline and material for dealing with the problem of sex education for children of 9–11.

The unit *One of many* deals in greater detail with the integration of the child in his immediate environment (school, family, friends). Interpersonal

relationships between boys and girls are discussed in several chapters. Emphasis is given to encouraging the young to be considerate of the feelings, attitudes and personal views of others. The important question of adequate behaviour in relation to health, rational priorities and decisions is examined in this book.

The topics of the other six units are as follows:

From sickness to health. The relationship between the milieu and health is discussed.

Deadly decisions. The problems of alcoholism, smoking and drug abuse are examined. The instructions in the handbook and the study materials are designed to provoke discussion which will prompt young people to take decisions as responsible individuals.

Time to spare. The readers are encouraged to ask themselves questions about the many opportunities for recreation available to adolescents today and to see it as part of their overall activities.

Food for thought. The biological aspects of nutrition are discussed only at the end of the unit, while the sociological aspects and the effect of attitudes on nutrition behaviour are examined in first place.

The topics of the last two units are physical hygiene and safety behaviour. Here again the authors try to motivate the pupils, to persuade them to adopt behaviour conducive to health, and to make sound decisions concerning their priorities.

Each unit begins with an introduction and a detailed plan of the instruction.

The spirit masters and materials for group work, which complete the substantial documentation of the programme, are designed to encourage the pupils to seek proper answers and take the necessary decisions, above all through the medium of group work.

2.10.5 *Implementation and feasibility, results, resistance*

As the project was launched only in 1977, it is not yet possible to evaluate its impact on pupils. The pilot studies and testing carried out at schools in different parts of England have demonstrated the project's feasibility. Reception of the content and methodology has been favourable. Depending on local circumstances, educational structures, attitudes of teachers and heads of schools, it is expected that some opposition will develop, necessitating a readjustment of the activities.

2.10.6 *Conclusions*

Although the machinery is less official than in Scotland, the Health Education Council can use area health centres to conduct health education programmes and activities at schools in England.

A clear trend is emerging with regard to the strategy of health education for school-age children. More or less single-focus campaigns (against tobacco, alcohol, etc.) will be continued among this group along with activities directed to the general public. However, the major effort will be directed to the implementation of two new programmes specifically designed for schools: the *Health education* project of the Schools Council and the *Living well* programme of the Health Education Council.

These two programmes, developed by a multidisciplinary team in which health education specialists and teachers worked continuously for several years, are revolutionary in terms of the existing health education concepts and activities in Europe.

In the programmes the themes of smoking and abuse of alcohol and drugs, like all the other traditional health education themes, are no longer treated separately outside the framework of human behaviour in general.

The organizers of the programmes *All about me* and *Living well* intended them to serve as vehicles for: presenting relevant information; outlining possibilities for discussion, and above all, placing children in situations which accustom them to take correct decisions at the right time and with adequate understanding.

The ideas and material presented to children are intended to give them an awareness of themselves, their potential and their capabilities. The activities prepare them subsequently to take what are often difficult decisions affecting health, by showing them in a positive way how they can become responsible individuals in a society of men and women who help one another and show consideration for others.

2.11 "Information on alcoholism, smoking, self medication, drug dependence", Switzerland (Canton of Geneva)

2.11.1 *Responsible body*

The body responsible for the programmes is the Health Education Section of the Canton of Geneva's Youth Health Service.

Address: Service de Santé de la Jeunesse
Section d'Education sanitaire
Rue des Glacis-de-Rive 11
Case postale 374
CH–1211 Geneva 3, Switzerland

2.11.2 *Aims and approaches*

In pursuance of a law of 28 June 1958, the School Medical Service became a Youth Health Service under the Cantonal Department of Education. It is a public health service with mainly preventive functions and responsible for all matters relating to health of the young.

In 1965 the Health Education Section was established. It undertakes primary prevention by promoting various health information activities for the development of sound attitudes and behaviour among the young. Its staff comprises a chief physician, several other physicians, two health educators and a public health specialist. The health education is provided through regular courses, either compulsory or optional, at secondary schools in the Canton, as well as special courses at primary and secondary schools and for parents.

For several years the Youth Health Service has steadily expanded its preventive activities in teaching what are commonly known as the health sciences to pupils at different levels. In schools which provide technical training (e.g., in nursing, social work, etc.) for the 16–17 age group, the curriculum includes regular instruction of one hour per week on health sciences, given by a physician-teacher of the Health Education Section.

The physician-teachers receive special training in educational techniques. Physicians and educators meet regularly in continuing education seminars.

The objectives of the health science course is to enable those taught:

(*a*) to acquire basic knowledge with which to safeguard health and prevent disease, especially with regard to:

- the essential physical, psychological and social requirements for a well-balanced life (hygiene, sleep, distribution of work time, recreation, sports, nutrition, housing, environment, etc.),
- nuisances which jeopardize this balance (noise, pollution, alcohol, smoking, overeating, sedentary habits, etc.);

(*b*) with this basic knowledge, to learn to make individual choices on health matters in all circumstances of life, and to acquire a sense of responsibility with regard to community health (vaccinations, screening, case-finding);

(*c*) to realize that health, both individual and community, is the product of many interacting factors.

The outline of the course is as follows:

- *introduction*;
- *cardiovascular diseases*: definition, description, trends; present situation of research; prevention (primary, case-finding, rehabilitation);
- *accidents*: prevention and first aid;
- *nutrition and health*: principles of balanced nutrition, diets, dangerous foodstuffs; deficiency diseases;

- *infectious diseases*: epidemiology, vaccinations, immunity, examples;
- *cancer*: definition, description, trends; present situation of research; prevention (primary, detection, rehabilitation);
- *mental health*: mental equilibrium and sleep disturbances, fatigue;
- *drug dependence*: the phenomenon of dependence, abuse of medicaments; drugs, motivation, alcoholism, smoking;
- *aspects of sexuality*: anatomical and physiological considerations; prenatal and postnatal environments; development of affectivity and sexuality, psychology of the couple, deviations, venereal diseases, abortion, prevention of malformations, sterility, contraception, etc.

For audiovisual purposes, the physician-teachers have begun using "trigger" or situation films, which seem very suitable for stimulating group discussion.

Recognizing the importance of the family unit in all health behaviour, the Health Education Section has encouraged parents to take part in the health education activities, but the response has been generally disappointing. A bulletin for parents keeps them regularly informed about the activities.

At regular secondary schools (*collèges*) instruction on health sciences is either not included in the curriculum, or only exceptionally so. Health information may, however, be given occasionally, on request, by a medical specialist.

The health science curriculum varies according to the objectives set, the nature of the schooling and the local educational and health facilities.

In most cases the methods used are comparable to those of general education, in which audiovisual aids are becoming increasingly important. The content of the curriculum depends on circumstances, even accidental factors, taking into account constraints such as the educational skill of the physician-teachers.

The interest of regular teachers in health problems, the determination of several school authorities to include health education in the regular curricula, the possibilities for timetable adjustment, the legal basis for regulation of teaching, and the incorporation of the Youth Health Service in the Department of Education, are all very favourable factors for the provision of health education at the levels of schooling where instruction on health science is compulsory. An evaluation of the impact of the instruction by physician-teachers has been undertaken using "pre- and post-test surveys" in two similar schools for control purposes.

The evaluation covered all the health matters treated in the instruction in respect of knowledge, attitudes and behaviour. The results are not yet known.

2.11.3 *Relevance of content*

(*a*) The programme of information on alcoholism has been included in school health education for a long time. For many years this instruction was the responsibility of primary school teachers. Different types of competitions (essays, drawings, etc.) were proposed to pupils, and prizes were given for the best contributions.

Since 1967 a lesson on alcoholism, given by the natural science teachers, has been included in the regular biology curriculum for eighth-year pupils in the orientation classes (aged 13–14); this instruction is accompanied by a film on alcoholism ("*L'alcoolisme, une maladie*").

The impact of the film is evaluated by a questionnaire distributed to pupils; up to 1976, prizes (book tokens) were given for the best replies, in order to interest the young in the problem of alcoholism.

(*b*) The programme of information on smoking has been organized since 1972 for all pupils in the seventh year (aged 12–13) by class teachers who receive material from the Youth Health Service for this purpose.

The instruction is illustrated by a film on smoking ("*La cigarette et toi*"), and the pupils are then given a multiple-choice questionnaire to answer. On completion of this exercise, the best pupil in each class receives a book token.

It is not proposed to evaluate the programme among pupils.

At primary school level, it is planned to organize a programme for class teachers, including materials and a film on smoking ("*Mourir pour une cigarette*"), which is intended to stimulate group discussion.

For the 16–17 age group, smoking is discussed in the health science course at schools where it is compulsory.

At other secondary schools (*collèges de formation générale du niveau secondaire*), the problem is discussed by a medical specialist invited to the school as required.

(*c*) The programme of information on self medication is provided by physician-teachers of the Youth Health Service within the regular curriculum for pupils in the tenth year (aged 16–18). The pupils also receive a brochure on the proper use of drugs ("*On ne badine pas avec les médicaments*"), produced by the Foundation for Consumer Protection and Pharma-Information.

(*d*) The programme of information on drug dependence was developed in 1971 by a study group of physicians, psychiatrists, sociologists and nurses of the Health Education Section.

This group was asked to undertake drug prevention activities among ninth-year pupils in the orientation classes (aged 14–15), in cooperation with teachers and parents. Teachers at the schools show a film on drugs ("*La*

répétition") to the pupils, who then have two hours of discussion in each class with a member of the study group. An evening is also organized for parents and teachers, during which the film is shown. One or two members of the study group serve as discussion leaders. An evaluation test carried out in three classes at a secondary school, showed that the information was welcomed and considered necessary by the great majority of pupils; however, the desirability of the film was questioned.

A seminar on drugs ("*La drogue, une realite*") was held for physicians, psychiatrists, sociologists, lawyers, educators and teachers in November 1976. The participants made active contributions to the discussions, which covered different aspects of the problem.

Other seminars for sensitization and information are organized regularly for future teachers, and cooperation by all those concerned by drug dependence in schools is developing steadily.

2.11.4 *Implementation and feasibility*

At those levels of the school system where instruction on health sciences is compulsory, there is of course no problem with regard to implementation and feasibility of the programmes.

However, at schools where such instruction is not compulsory, as in most of those for the 15–18 age group, far more difficulty is experienced in the provision of health education by medical specialists invited to the school on occasion as required and regarded as outsiders.

2.11.5 *Results, resistance, consequences*

Evaluations are being undertaken, but the results are not yet available. Some resistance is apparent in a few institutions where the authorities do not accept the introduction of instruction on health sciences.

2.11.6 *Conclusions*

The Department of Education and the Youth Health Service have encouraged those responsible to introduce gradually, in the secondary school curricula, instruction on subjects such as sex, tuberculosis, first aid and drug dependence. This instruction on health sciences is given by physician-teachers of the Health Education Section. As the latter work under the Department of Education, they are regarded as members of the teaching staff, thus facilitating contacts with the staff and pupils.

As the Youth Health Service also seeks to upgrade the educational knowledge and skills of the physicians through seminars and other in-service training, it can be presumed that this medical approach to health education has real potential.

"Nevertheless, this model, although apparently functional, cannot ensure the necessary progress towards integrated health education, owing to the division that is created between teachers and physicians from the outside, to the paucity of the subject matter thrust at the pupils, and to the difficulty faced by a small nucleus of "specialists" in meeting all needs and all demands. Consequently, it has become necessary to opt for a comprehensive programme that would be conducted by a polyvalent team (teachers, educational psychologists, social workers, nurses, physicians, etc.) at different levels.

"Various activities have had to be tried, because of the lack of means and proper conditions for a new radical strategy." (S. Ducommun & P. Hazeghi, 1977).

2.11.7 *Health education in Switzerland*

The political structure of Switzerland allows the cantons great cultural autonomy, which is reflected in an equally great diversity with regard to the existence and functioning of institutions involved in health education.

In 1972, the Swiss Foundation for Health Education was establish on the initiative of the Swiss Association of Social and Preventive Medicine. The most important institutions for the promotion of health education in Switzerland are represented on the board of the Foundation.

The functions of the Foundation's Centre for Documentation on Health Education, Zurich, include carrying out information activities, stating official positions and providing advice to organizations. Close cooperation is maintained with the Institute of Social and Preventive Medicine of the University of Zurich. The Centre's functions have been adapted to changes in modern society and include:

- coordination: preparation of a health education inventory;
- cooperation: establishment of contacts between isolated institutions, transmission of information on institutions, their equipment and their activities;
- research: participation in research programmes to evaluate the effectiveness of health education strategies and development of evaluation techniques.

The Centre seeks to promote a philosophy of health education in keeping with the concepts frequently stated in the reports and publications of WHO and its scientific bodies.

2.12 "School counselling on smoking", German Democratic Republic

2.12.1 *Responsible body*

The body responsible for the programme is the Department of Lung Diseases and Tuberculosis of the Central Polyclinic under Dr J. Goldberg and Dr W. Braune.

Address: Zentralpoliklinik
Abteilung für Lungenkrankheiten und Tuberkulose
133 Schwedt/Oder
German Democratic Republic

2.12.2 *Aim*

The aim of the programme is to motivate the young either not to acquire the habit of smoking or, where necessary, to give up the habit.

2.12.3 *Approaches*

In the first place, the programme organizers observed that there was a growing number of young smokers of 12–16 in the town of Schwedt; in fact the percentage of smokers aged 15 was higher than the overall percentage in the country. Many were becoming habitual smokers. In view of this situation the Department of Lung Diseases and Tuberculosis organized a programme for the prevention of smoking among pupils in the town.

In the second place, a radical change in the smoking behaviour of the young can be achieved only by continuous, systematic and sound activities by a multidisciplinary team of teachers, parents and medical workers. It is clear, as noted by the organizers, that physicians should be part of the team since prevention is one of their normal responsibilities. Also, there can be no question of adopting an isolated, time-limited approach.

In the third place, it is not enough merely to offer information; there is also a need to influence attitudes and shape behaviour, using for this purpose educational methods that will promote discussion and recognition of responsibility to oneself and society.

Through continuous evaluation of the smoking behaviour of pupils, the effectiveness of the programme can be checked and, if necessary, the resources and techniques be modified.

2.12.4 *Relevance of content*

The programme can be appraised from two standpoints: provision of knowledge (information) and influence on behaviour.

(*a*) *Information*

School year 1971–1972. In the light of a survey on smoking habits among pupils at levels 8 and 10 in Schwedt, conducted at the request of the school council and authorities, it was decided that a compulsory talk on the dangers of smoking would be given each year following the biology lessons dealing with the respiratory system.

The information provided by the lung specialists related to the mortality and morbidity statistics for Schwedt, especially in respect of smoking, and also to the following points:

- smoking when young must be regarded as abuse of tobacco, even if it involves only a few cigarettes per day;
- early commencement of smoking inevitably leads to dependence;
- it is easier not to start smoking than to have to give up the habit;
- the number of young smokers is increasing and physicians are observing adverse effects among this group.

School year 1975–1976. The German language teachers of pupils at level 9 were contacted by the lung specialists. Under the curriculum heading of "preparation and conduct of a discussion", it was decided that pupils who had been instructed on the dangers of smoking the previous year would be assigned this topic for study, discussion and action. The physicians also provided information of direct relevance to the health of young people

During art lessons, the pupils prepared posters and banners on the subject of smoking.

School year 1976–1977. Many foreign language lessons were devoted to discussion of all aspects of smoking. Teaching materials such as brochures and booklets written in the original languages were studied. Numerical data derived from the statistics were used for practical exercises in the mathematics lessons.

The programme was developed jointly by the teachers and lung specialists.

(*b*) *Influence on behaviour*

It was considered essential that parents and all teachers should be given the same factual information as the pupils, and hear the same arguments.

School year 1974–1975. Seminars and evening courses were organized for teachers from all schools in Schwedt. A lung specialist gave the participants the same information and statistics as the pupils had received, especially the data on smoking habits among the young. The talks were followed by a discussion on the information presented, the desirability of action, and the teaching methods.

Contacts with parents were considered very important in view of their role as possible "initiators" of smoking among their children. The content of the information sessions and discussions was the same as for children. The fact that the data used related directly to the population of the town was very helpful in stimulating the interest of parents, and in making the contacts more direct and practical.

The survey in 1973–1974 showed that most of the young were obtaining cigarettes in large stores, although sale was forbidden to children under 16. "Negotiations" took place with the management of the stores, and a group of young volunteers undertook to make a regular check on the observance of the regulations, as promised by the management.

2.12.5 *Implementation and feasibility*

The programme was developed by the Department of Lung Diseases and Tuberculosis, and substantial, effective collaboration by all schools in the town facilitated its implementation.

As many parents, through their school groups, also appeared to be co-operating in the programme and it was possible to enlist the participation of the local cigarette sales outlets, there were no difficulties with regard to the implementation or feasibility of the programme. A sound central organization, almost exemplary discipline by the groups concerned, as well as the psychological impact that can be achieved by an influential medical department, were certainly important factors in the success of the undertaking. It should be borne in mind, however, that such a programme can be implemented only with highly organized and centralized cooperation and co-ordination.

2.12.6 *Results, resistance, consequences*

The programme organizers, who make regular evaluations of smoking habits among pupils, have observed a real decrease in the number of young smokers. However, in the view of the authorities, it would be desirable and even necessary to start the programme earlier in schools, at the fifth or sixth levels.

The report of the programme organizers does not mention any resistance. On the contrary, the teachers showed very lively interest and many gave up smoking.

2.12.7 *Conclusions*

An original feature of the programme is that it was set up by the pneumology department of a polyclinic. Physicians were asked to take the initial

steps, to enlist the cooperation of teachers and to give them information; then, the education of the pupils was undertaken by teachers and physicians working together.

What was required was to remove, through a long and patient "approach" by parents and teachers, without aggressive arguments, the subjective emotional factors which hinder proper motivation. The programme organizers stressed the importance of teaching methodology in group dynamics: the pupils must be able to ask questions and discuss them.

It is recognized that community participation increases the impact of any health education activity. The involvement of the cigarette sales outlets in the activity, in which they remained in a situation of "legality", appears to have been effective.

The impact of the programme was measured to some extent by an anonymous evaluation of smoking habits among the pupils. As a direct consequence of this operation, it was decided to conduct the campaign among younger pupils, especially at the fifth and sixth levels.

In conclusion, the antismoking programme, developed for pupils and parents in Schwedt by the Department of Lung Diseases and Tuberculosis of the Central Polyclinic, seems an interesting and very sound approach to activities which would certainly be feasible in many similar situations.

2.12.8 *Health education in the German Democratic Republic*

Health education for youth in the German Democratic Republic follows the orientations and guiding principles of a socialist health policy, having regard to the role of youth in shaping society and its future. This policy emphasizes: the importance of education and training of the young; the importance of physical, mental and ethical development of the young, with a view to their health and potential as adults; the importance of childhood and youth in inculcating attitudes and behaviour that are favourable for health.

The nature of health education for school-age children was defined by a conference on youth and health, which laid the foundation for health activities up to 1980. The broad orientations are: development of community work; encouragement of initiatives by workers and especially the young; incorporation of the health policy objectives and content in education and training up to the higher level; use of mass media for health promotion; scientific research; participation of workers in health services.

3. CONCLUSIONS

"As education of the young is tacitly accepted throughout the world as a fundamental human right, so education for health should be accepted as an integral part of the educational process." (WHO, 1974)

Because of the importance of the health and health-related problems of school-age children and adolescents, WHO technical meetings have often stressed the need to promote health education by providing appropriate support.

Joint WHO/UNESCO meetings, regional seminars, working meetings and technical discussions have provided the opportunity to develop concepts on which to base sound programmes for improving the health of school-age children and the young.

However, these meetings often expressed views on the lines that "WHO, in collaboration with UNESCO, should draw up a methodology based on international experience and provide all persons whose job it is to play a part in the mental health education of families and schoolchildren with a practical and comprehensive guide" (WHO Regional Office for Europe, 1974).

Thus the WHO Regional Office requested that research be undertaken with a view to:

(i) collecting material on the experience of countries in the WHO European Region concerning mental health education programmes and activities focused on alcohol, smoking and drugs and directed to children and their parents, and

(ii) submitting this material to a working group for comment.

The specific aim of the research was to collect appropriate examples of health education programmes on smoking, alcoholism and drug abuse, to be used as background material for a working group on health education programmes for schoolchildren and parents.

Following the receipt of replies from the health ministries of the countries and other bodies involved in health education, an inventory of about 50 programmes and activities was drawn up.

It was clear that these programmes and activities would have to be selected on the basis of the criteria specified or implied in several WHO documents, especially the report of the Working Group on the Evaluation of Mental Health Education Programmes (WHO Regional Office for Europe, 1974).

The criteria are as follows:

- a more or less explicit definition of objectives;
- relevance of content;
- implementation and feasibility;
- structured methodology;
- existence of a procedure for evaluation of the programme or activity;
- availability of data on results, related effects, resistance and long-term consequences.

It was clearly impossible to give an adequate reply to all these criteria-questions in respect of most of the programmes and activities reviewed. Nevertheless, about 20 programmes were identified on this initial selection basis.

It was also considered advisable to identify all the programmes which could be clearly distinguished with regard to methodology, techniques and even principles. Similarly, some examples were required in each of the fields concerned: smoking, alcoholism, drugs. In this way 12 programmes were finally selected.

It is agreed in all countries that the term "health education" should be taken to mean, in a rather restrictive sense, "the planned or formal efforts to stimulate and provide experiences at times, in ways, and through situations leading to the development of the health knowledge, attitudes and behaviour that are most conducive to the attainment of individual, group, or community health" (WHO, 1969b). Consequently, if this education is taken to mean the "development in people of:

(1) a sense of responsibility for their own health and that of the community, and

(2) the ability to participate in community life in a constructive and purposeful way,"

which is a situation desired by people everywhere, then we must recognize, in assessing the practical results of the programmes of mental health education for schoolchildren and parents in relation to alcohol, smoking and drugs, that there is a wide variation as to the methodology and content of the activities.

Throughout the programmes, there are 3 key questions that can be asked (G.W. Steuart, 1974):

- what have we learned from past experience?
- what is the present situation of health education?
- what are the prospects and trends?

(*a*) Although it is undeniable that a new approach to health education has been developing in many of the programmes planned and implemented in the last few years, it must be acknowledged that many important features of the activities are those of traditional health education, namely:

- the belief that the provision of information alone suffices to alter behaviour;
- a "disease-oriented" approach;
- the authoritarian notion of the "competence" of medicine, whereby it monopolizes health education;

- the attitude of the "knowledgeable expert" talking down to the "ignorant client";
- the paternalistic "master-pupil"approach to the delivery of information;
- the fragmented approach, whereby health education is provided in "instalments";
- the "dissociation" of topics, which are isolated from their social and cultural context;
- more recently, an uncritical reliance on the mass media, particularly television, in attempting to sell health education like any other commodity.

Some of the programmes reviewed have been seriously impaired by such techniques which were used in a systematic and unselective way and were therefore of little value in developing sound health behaviour. However, those who designed or implemented the programmes are aware of their shortcomings and even negative effects. There is no doubt that the past experience has been useful in calling in question the value of this form of health education, thought to be so firmly established.

(*b*) Thus the selected programmes may be regarded as reflections of the existing situation in the European Region. Included are:

- fairly conventional undertakings, which are nevertheless already marked by the innovative ideas of a new wave of educators;
- measures for critical evaluation of programmes and activities;
- activities for adaptation and renovation;
- a still small number of programmes, which have only recently been tried out and are based on a completely different approach to health education.

The final selection of the programmes was partially decided on the basis of their belonging to one or other of the above four categories.

The picture emerging from the review of the programmes may be described as follows:

- the changes now apparent in health education programmes developed gradually, in most cases almost imperceptibly, despite occasional breakthroughs. To a large extent they were triggered by general changes in the social and political climate, by experience gained in programme implementation and by evaluation findings.

- Although we continue to attach much importance to the power of information diffusion, there is now a tendency to adapt activities to the general lifestyle of the people served and to meet their needs as they express them and not from the standpoint of a professional definition.

(*c*) The prospects and trends of this "new" approach to health education, as they appear in the programmes and activities, may be expressed as follows:

- health education for schoolchildren is a "multilateral" and multidisciplinary activity, and the school and health services should share responsibility for its orientation and implementation, ensuring that they enlist the participation of the community and the family in which the child grows up and to which he belongs;
- society has a clear responsibility for health education;
- the education is seen as a form of encouragement to the individual to fulfil his potential and to establish adequate social relationships with those around him;
- the education emphasizes the importance of individual choice with regard to behaviour considered adequate and healthy, while giving the child the necessary instruction, to enable him to make this choice as an individual responsible to himself and to society.

School health education thus helps the individual to adapt to an often rapidly changing society, through socialization at school harmoniously aligned with the general process of socialization. In particular, it provides a foundation of formal knowledge which can eventually lead to rational decision-taking, and is of value in stimulating examination and clarification of a wide range of values and matters of controversy.

Thus the education is becoming less marked by the "somatic model" and more by the "interpersonal model", although both influences coexist and complement each other. However, to attain the objective set it is important that all educators, starting with health staff and teachers, should themselves be trained in health education.

As some mainly negative experience has shown that any health education programme may have unexpected consequences, however sound its planning and implementation, provision must be made for repeated evaluation of both the methods and the results.

From this review of health education programmes, it is believed that it would be possible, taking due account of the different prospects and trends, to design and apply an adequate and relevant model for health education of the young today, in the countries of the WHO European Region.

REFERENCES

WHO publications

WHO Technical Report Series, No. 9, 1950 (*Mental health:* report on the first session of the Expert Committee).

WHO Technical Report Series No. 156, 1958 (*Training of health personnel in health education of the public:* report of the Expert Committee).

WHO Technical Report Series No. 193, 1960 (*Teacher preparation for health education:* report of a Joint WHO/UNESCO Committee).

WHO Technical Report Series No. 409, 1969a (*Planning and evaluation of health education services:* report of a WHO Expert Committee).

WHO Technical Report Series No. 432, 1969b (*Research in health education:* report of a WHO Scientific Group).

World Health Organization. *Health education: a programme review.* Report of the Director General of the World Health Organization to the fifty-third session of the Executive Board. Geneva, 1974 (WHO Offset Publication No. 7).

Moser J. *Problems and programmes related to alcohol and drug dependence in 33 countries.* Geneva, World Health Organization, 1974 (Offset Publication No. 6).

World Health Organization. *Health education in the USSR.* Geneva, 1963 (Public Health Paper No. 19).

WHO Regional Office for Europe. *Evaluation of mental health education programmes:* report on a Working Group, Nancy, 21–24 May 1973. Copenhagen, 1974.

WHO Regional Office for Europe. *Preparation of health personnel in health education, with special reference to postgraduate education programmes:* report on a Symposium, Cologne, 10–14 November 1974. Copenhagen, 1976.

WHO Regional Office for Europe. *Place of health education in health administrations:* report on a Working Group, 29 March–1 April 1976. Copenhagen, 1978.

WHO Regional Office for Europe. *Principles and methods of health education:* report on a Working Group, Dresden, 24–28 October 1977. Copenhagen, 1978.

Other publications

Barret M. *Health education guide; a design for teaching.* Wynnewood, PA, Health Education Associates, 1971.

Bundeszentrale für Gesundheitliche Aufklärung. *Gesundheitserziehung in Europa.* Cologne, 1973.

Ducommun, S.F. & Hazeghi, P. Education pour la santé : Le travail en équipe a l'école. *Médecine sociale et préventive,* 22 : 245–228 (1977).

International Union for Health Education. *Twenty years of health education:* proceedings of the VIII International Conference on Health Education. Paris, 1973.

Scottish Education Department. *Health education in schools.* Curriculum paper No. 14. Edinburgh, H.M. Stationery Office, 1974.

Steuart, G.W. General health education context for change in drug behaviour. *In:* Goodstadt, M., ed. *Research on methods and programs of drug education.* Toronto, 1974 (Addiction Research Foundation of Ontario).

UNESCO. *Drogenerziehung durch Lehrer und Eltern:* Bericht über ein deutschsprachiges Seminar. Cologne, Bundeszentrale für Gesundheitliche Aufklärung, 1975.

UNESCO. *L'éducation relative aux problèmes liés a l'usage des drogues à l'intention des pays d'Europe et d'Amerique du Nord francophones ou utilisant le français comme langue officielle:* rapport sur une réunion. Paris, 1977.

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